

IN PATIENT SUMMARY BILL

UHID : MKB202401089 Bill No : MMH/MK/IP202401041
IP No : IPKB2024001052 Bill Date : 18/08/2024
Patient name : Mr.KAVASKAR.R DOA : 14/8/2024 7:30PM
Age : 32 Y 6 M 15 D/Male DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.M.BALAPRAKASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 4,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
4	GENERAL PROCEEDURE	₹ 750.00
5	LABORATORY	₹ 2,333.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 1,800.00
8	PROFESSIONAL TEAM FEES	₹ 8,500.00
	Gross Amount	₹ 19,333.00
	Discount Amount	₹ 1,000.00
	Net Payable	₹ 18,333.00
	Advance Amount	₹ 9,500.00
	Received Amount	₹ 8,833.00

Received Amount in Words : Eighteen Thousand Three Hundred Thirty-Three Only

MANIMEGALAI.T

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/15/2024	MMH/MK/RECH202402585	CASH	Advance Amount	3,000.00
2	8/17/2024	MMH/MK/RECH202402615	CASH	Advance Amount	6,500.00
3	8/18/2024	MMH/MK/REDH202407322	CASH	Collected Amount	8,833.00